



MARYLAND

**Department of Health
and Mental Hygiene**

Sexual Minority Health

November 2012

Issue Brief

WHY IS LGB HEALTH IMPORTANT?

Research shows that lesbian, gay and bisexual (LGB) people are more likely than the general U.S. population to be uninsured, and not have consistent access to a physician. LGB people are at increased risk for poorer physical and mental health outcomes, including heart disease, suicide, HIV/AIDS, and substance abuse.

HEALTH DISPARITIES

Cancer

Lesbians and bisexual women are at higher risk for developing breast cancer than heterosexual women. Gay and bisexual men also have increased risk for prostate, testicular, colon, and anal cancer.

Heart disease

Risk factors for heart disease – physical inactivity, obesity, and smoking are more prevalent among lesbians than other women. Bisexual women are also more likely to self-report higher rates of heart disease than heterosexual women.

Obesity

Some groups of lesbians, including African American lesbians and those with low socioeconomic position, are more likely to be obese than non-lesbian women.

HIV/AIDS

Gay and bisexual men and other men who have sex with men (MSM) are at increased risk of HIV infection and account for more than half of new HIV infections in the U.S. each year. HIV also disproportionately affects transgender people, particularly transgender women of color.

Suicide

“Out” lesbian women are roughly twice as likely to have experienced suicidal ideation in the last year as heterosexual women. Gay men also have elevated rates of suicidal attempts and completions, and bisexual men and women are more likely than either the straight or gay populations to report suicidal ideation and attempts.

Domestic violence and hate violence

Lesbian, gay, and bisexual adults are two to three times more likely to report experiencing intimate partner violence than straight adults. Bias motivated violence against LGB people can also be difficult to distinguish from intimate partner violence.

Substance use

Stress that comes from anti-LGB discrimination and stigma is a primary driver for elevated rates of substance use among LGB communities. To cope with mistreatment, some LGB people turn to alcohol and other substances to cope. Additionally, a lack of cultural competency in health care delivery frequently prevents effective treatment for substance use.

Smoking

LGB people also use tobacco at higher rates than their heterosexual counterparts. Lesbians are between 1.5 and 2 times more likely to smoke than heterosexual women, and gay men also use tobacco at much higher rates than other populations.

NOTE:

This issue brief focuses on health concerns pertaining mainly to the lesbian, gay, and bisexual community. The Office of Population Health Improvement and partners are in the process of developing a resource to highlight issues that directly impact those in the transgender community.

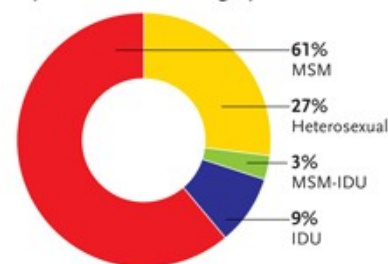
Among Adolescent Males

13-19,

91%

*of all Diagnosed HIV
Infections are from male-
to-male sexual contact*

Estimated New HIV Infections, 2009,
by Transmission Category



Source: CDC

Lesbians are between

1.5 and 2

*times more likely to
smoke than heterosexual
women*

WHAT CAUSES DISPARITIES?

Employment Discrimination, Poverty, and Lack of Insurance

Pervasive employment discrimination and poverty deny many LGB people health insurance coverage and affordable health care. It has been illegal in Maryland to discriminate based on sexual orientation since 2000 yet disparities continue to exist.

Lack of Culturally Competent Care

Most medical schools do not offer education on LGB patient care, which reinforces the invisibility of LGB patient concerns in health care settings. As a result many providers remain unaware of or unconcerned with the specific health care needs of their LGB patients. This interferes with their ability to take accurate and comprehensive patient histories, recommend appropriate screenings, offer information that could help patients effectively manage their own health, and provide appropriate care. Even worse, over half of lesbian, gay, and bisexual people, report being subjected to harsh or abusive language, overt prejudice, or even physical violence by health care providers.

Social Discrimination and Minority Stress

Research indicates that LGB populations in the 16 states that passed anti-LGB marriage laws between 2001 and 2005 subsequently evidenced significant increases in anxiety, mood disorders such as depression, and alcoholism.

Lack of Data on LGB Health

A lack of systematic LGB data collection in instruments measuring care quality and patient satisfaction with providers and health plans hampers efforts to improve quality, promote LGB cultural competence among providers, and ensure all patients get the care they need.

Gay men earn 10%-32% less than similarly qualified heterosexual men

WHAT CAN BE DONE?

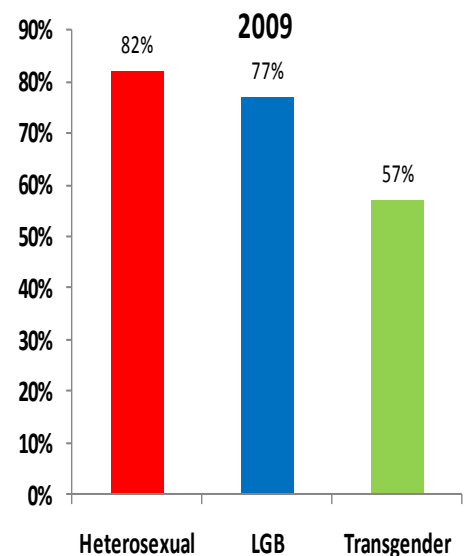
Consistently include the LGB population in health research and surveys

By consistently asking LGB demographic questions, including sex assigned at birth, current gender identity, sexual orientation, and relationship status, researchers can collect more accurate information on the health issues that impact LGB people. These data will help policymakers, providers, and LGB community leaders develop tools for understanding and addressing LGB health disparities among particularly marginalized LGB communities, including people of color and those living in rural areas.

Promote LGB cultural competence and LGB-focused outreach programs

Targeted informational outreach to the LGB community can be key in empowering LGB people and improving their health outcomes. These messages should include and engage LGB people, while giving meaningful information about programs that increase access to coverage and care – such as public insurance programs, free or low-cost disease prevention and wellness screenings, and clinics offering culturally competent care.

Percent of Adults with Health Coverage,



Source: Krehely

SHIP RESOURCES

- Agency for Healthcare Research and Quality, National Healthcare Disparities Report <http://www.ahrq.gov/qual/nhdr11/nhdr11.pdf>
- Institute of Medicine - The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding <http://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>
- U.S. Department of Health and Human Services, Healthy People 2020 LGBT Topic Area <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25>
- Substance Abuse and Mental Health Services Administration, "Top Health Issues for LGBT Populations" <http://store.samhsa.gov/product/Top-Health-Issues-for-LGBT-Populations/SMA12-4684>
- CDC, LGBT Health, <http://www.cdc.gov/lgbthealth/>
- SAMHSA, A Provider's Guide to LGBT Substance Abuse, <http://kap.samhsa.gov/products/manuals/pdfs/lgbt.pdf>
- American Lung Association, Tobacco Use in the LGBT Community, <http://www.lung.org/assets/documents/publications/lung-disease-data/lgbt-report.pdf>